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## Bib Data Sheet

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## **APPLICANTS**

**Mark J. Buxton, Chandler, AZ**

NPA ECT

**\*\* CONTINUING DATA \*\*\*\*\***

\*\* FOREIGN APPLICATIONS \*\*\*\*\* N/A ECT

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/20/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AZ	SHEETS DRAWING 9	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance ECF				
Verified and Acknowledged	Examiner's Signature <u></u>	Initials <u></u>			

**ADDRESS**

**BLAKELY SOKOLOFF TAYLOR & ZAFMAN, LLP**  
12400 Wilshire Boulevard 7th Floor  
Los Angeles, CA 90025

**TITLE**

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